# Gone but Not Forgotten: Virginity Loss and Current Sexual Satisfaction

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<td>Smith, Carrie; University of Mississippi, Psychology Shaffer, Matthew; University of Tennessee, Psychology</td>
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Gone but Not Forgotten: Virginity Loss and Current Sexual Satisfaction
Abstract

Although the loss of one's virginity remains a salient experience throughout a person's lifetime, little is known about whether this experience has implications for later sexual functioning (e.g., sexual satisfaction). Previous research tends to ask participants about their first time and their current sexual functioning concurrently, which may lead to spillover effects. The present research investigated the relationship between first-time sexual intercourse and current sexual satisfaction using an event-sampling methodology. A sample of 331 undergraduate participants answered questions about their first time sexual encounter as well as their present sexual functioning (e.g., sexual satisfaction, sexual depression). Participants then described and rated each of their sexual interactions for two weeks. Results show that participants who had more positive first time sexual experiences (e.g., intimacy, respect) report greater feelings of sexual satisfaction and esteem and less sexual depression. A series of multilevel random coefficient modeling analyses revealed that positive first time experiences were predictive of both physical and emotional satisfaction in their current sexual interactions, even when controlling for global sexual satisfaction. These results suggest that one’s first time sexual experience is more than just a milestone in development. Rather, it appears to have implications for their sexual well-being years later.

Keywords: virginity loss, sexual satisfaction, diary method
Gone But Not Forgotten: Virginity Loss and Current Sexual Satisfaction

In recent decades, the loss of virginity has come to be viewed as an important milestone in human development, signifying a transition towards adulthood. Researchers often regard the first time as salient enough to influence a variety of different future outcomes (e.g., Else-Quest, Hyde, & DeLameter, 2005; Sandfort, Orr, Hirsch, & Santelli, 2008). However, it remains unclear whether first-time sexual experiences are related to current sexual outcomes. The current research aims to provide evidence that first-time sexual experience is related to current sexual satisfaction and functioning.

In their review of 35 longitudinal studies, Zimmer-Gembeck & Helfand (2008) found a majority of people have sex for the first time between the ages of 15 and 17, with 70-90% engaging in sexual behavior by the age of 18. This suggests that most people have their first sexual experience during adolescence and before marriage. Despite the discomfort many have when thinking about adolescent sexuality, a large amount of research has examined people’s first sexual experiences. Much of this research has focused on predicting the age at which the event occurs (e.g., Segal & Stohs, 2009; Valle, Røysamb, Sundby, & Klepp, 2009; Zimmer-Gembeck & Helfand, 2008). Related, studies have also examined whether virginity pledges (Bearman & Brückner, 2001), abstinence programs (Harris & Allgood, 2009), and parental communication (Ream & Savin-Williams, 2005; Smiler, Ward, Caruthers, & Merriwether, 2005; DiIorio, Pluhar, & Belcher, 2003) can delay the age at which sexual intercourse occurs.

As Higgins, Trussell, Moore, and Davidson (2010) point out, although we are beginning to have a good understanding of the demographics of first sexual experience (e.g., the ‘who’, the ‘when’), our understanding of the more emotional aspects of the experience is lacking. Research that exists on enjoyment of the first time is limited in nature, such as only examining the sexual
experiences of females. For example, a qualitative study of women’s first experience revealed that the experience is often characterized by pain, disappointment, and even boredom (Thompson, 1990). Moore and Davidson (1997) demonstrated that the degree to which women in their sample reported guilt about their first times affected the amount of physiological and psychological satisfaction experienced.

Other studies that have examined both male and female participants have consistently found sex differences, suggesting that the first time is not a uniform experience (e.g., Darling, Davidson, & Passarelo, 1992; Sprecher, Barbee, & Schwartz, 1995; Woody, D’Souza, & Russel, 2003). A more recent examination of the first time sexual experience was conducted by Higgins et al., (2010) using a large, racially diverse sample of both men and women. They examined both psychological and physiological satisfaction with first sexual experience, discovering that a little less than half their sample reported being satisfied physiologically (40.1%) and psychologically (45.1%). However, closer examination of physiological satisfaction for men and women separately revealed that only about a fourth of women reported being considerably or extremely satisfied whereas about two-thirds of men reported the same. Higher male satisfaction was also found for psychological satisfaction. However the magnitude of the difference was much smaller. Research attempting to explain the reason for this difference has been inconclusive. For example, Sprecher et al. (1995) found that the sex difference was mediated by the occurrence of orgasm. In their study, Woody et al., (2003) were unable to replicate this finding. By contrast, they proposed that differences in motivations for having sex for the first time would provide an explanatory mechanism for the sex differences. Their results suggested that both gender and unhealthy motivations for having sex were associated with more negative outcomes.
Given the relative paucity of research examining the psychological aspects of the first time experience, it is not surprising that even fewer lines of research seem to focus on the long-term implications of the first time sexual experience. One active area of research has focused on the relationship between the first time and subsequent contraceptive use. For example, studies covering a wide range of adolescents in various countries all suggest that condom use during the first sexual experience was an important determinant of subsequent condom use (Klavs, Rodrigues, Wellings, Weiss, & Hayes, 2005; Ma, Ono-Kihara, Cong, Pan, Xu, Zamani, Ravari, & Kihara, 2009; Robertson & Levin, 1999; Shafii, Stovel, Davis, & Holmes, 2004). Shafii et al. (2004) showed that this predictive power was still strong even when controlling for individual differences such as risky decision making, the use of alternative contraceptive measures, alcohol or drug use during the first time, and other individual difference measures. The authors of that study suggest that those who use a condom the first time may establish a “cognitive linkage” between sexual activity and condom use, which may persist and help to drive safe sex practices (Shafii et al, 2004).

Research also exists that suggests the nature of the relationship with one’s first sexual partner may have an effect on depressive outcomes over time (Meier, 2007). Poor mental health outcomes were predicted by the dissolution of a socially recognized relationship with one’s first-time sexual partner and by the dissolution of a private relationship with one’s first-time sexual partner if the relationship lacked commitment (Meier, 2007). These effects were stronger for females and for those that lost their virginity early, relative to age norms (Meier, 2007). A similar line of research found that women who continue to feel frequently feel guilt about their first sexual experience were less likely to have lost their virginity with a steady dating or
committed romantic partner (Moore & Davidson, 1997). Further, women who feel this guilt report less current comfort with their sexuality and psychological sexual satisfaction.

The aim of the current research is to determine if first-time sexual experience is related to current sexual satisfaction and functioning. The above studies suggest that the first time is salient enough to influence outcomes later in life. However, the subtleties to physical and emotional satisfaction of the first time may not be captured only by investigation of likelihood of receiving an orgasm, using a condom, or one’s partner type, and therefore, there may be more to predicting sexual satisfaction over time. Because first-time sexual experience has been shown to be so salient in development (Bingham & Crockett, 1996), emotional experience of the first time may be related to the enjoyment of future sexual experiences, as well. Further, the current study extends previous research by collecting data using both one-time retrospective reports as well as event-sampling procedures.

Our first hypothesis is that measures of first-time satisfaction will be related to current measures of sexual functioning. In addition, we expect that this salience is such that it will also be related to current experiences of intercourse. Our second hypothesis is that the physical and emotional responses to the first time will predict physical and emotional experience of current sexual activity.

Method

Participants

Participants were recruited from several psychology classes at a large mid-Atlantic university. Originally, 331 participants attended the orientation sessions and completed the questionnaire. Twelve participants (10 female and 2 males) were removed from additional analyses because their first time experiences were characterized as involving physical force
(which we felt would make their first time non-normative). The final data consisted of 206 females and 113 males. Participants ranged from 18 to 22 years of age (M = 18.93, SD = .93). The reported age of virginity loss was between the ages of 12-22 with mean of 16.72 (SD = 1.30).

Procedure

Participants were recruited from several different psychology classes. Participants were informed that the study would examine the relationship between people’s first heterosexual experiences and their current sexual functioning. It would involve completing two sets of questionnaires (a questionnaire about their first heterosexual sexual experience and several individual difference measures) and keeping records of all of their intimate interactions over the course of two weeks. The researcher informed potential participants that although they needed to have had heterosexual intercourse to be eligible, they did not currently have to be sexually active (engaging in sexual intercourse) or be in a heterosexual relationship; anyone who considered themselves likely to experience an encounter that was sexual in nature in the following two weeks would be eligible. Interested students were provided with an information sheet that provided them with the time, date, and location of several one-hour, same-sex orientation sessions.

At the orientation sessions, participants were randomly provided with a 4-digit identification number and were told to use that number for all data they provided. At no time were participants asked to provide their name or any other identifying information, ensuring complete anonymity. The diary portion of the study was explained to the participants first. For each physically intimate interaction they had over the following two weeks, they were instructed to log onto a secured website and complete an online questionnaire describing the interaction.
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An intimate interaction was defined as any interaction where the purpose of the interaction was sexual arousal. It was also stressed that the interaction did not need to include sexual intercourse. The experimenter explained the procedure for completing the interaction form, which included definitions of all responses and scales on the form. Participants were reminded that their data would be completely anonymous, and they were encouraged to be candid and honest.

Participants were told what to do under unusual circumstances (e.g., very late night interactions, missed days, recording long interactions). The importance of filling out the forms in a timely fashion was emphasized and participants were told that all data collected would have a time and date stamp. Participants were asked to complete a form within 8 hours of any intimate interaction to maximize the accuracy of their responses. Participants were then asked to complete the first time sexual experience questionnaire. To decrease the possible effect that thinking about one’s first sexual experience might have on thinking about one’s current sexual functioning, participants completed the individual difference questionnaires at home using a secured website. Participants were told to complete the at-home questionnaire within 24 hours.

All participants, regardless of day of orientation, began the diary portion of the study on the same day. Participants were contacted via email several times during the study to remind them to continue reporting their intimate interactions. Over the two weeks of each study, the participants described 639 total sexual interactions, ranging from 0 to 12, \( M = 1.95 \). For their participation, participants received extra credit in their classes. In addition, participants who completed the materials on time were entered into a raffle for five $25 gift cards to local businesses.

**Measures**

**First Time Sexual Experience Questionnaire**
Participants completed a questionnaire that asked them to consider several aspects of their first sexual experience, including their thoughts and feelings before, during, and after the interaction. The first part of the questionnaire asked for demographic information including their age at virginity loss, their partner’s age, and whether the first time took place in the context of a romantic relationship. Participants were also asked whether their first time was characterized by physical force.

In the section of the questionnaire dealing with the sexual encounter itself, participants rated how they felt during and after the interaction on 26 dimensions (e.g., intimate, capable, scared, aroused) using a 9-point scale (1-not at all, 9-very). To reduce the number of variables, 24 of the dimensions were factor analyzed, resulting in four factors. (Two dimensions, physical satisfaction and emotional satisfaction, were not included as we felt they were summary measures themselves.) The first factor, Anxiety, was comprised of scared, nervousness during, and nervousness afterwards and had a reliability coefficient of .85. The second factor, Afterglow, was comprised of relaxed, content, good, excited, confident, proud, and relieved and had a reliability coefficient of .88. The third factor, Negativity, was comprised of pressured, confused, detached, regret, guilt, disappointment, and ashamed and had a reliability coefficient of .85. The fourth factor, Connection, was comprised of intimate, desired, in control, respected, loved, capable, and aroused and had a reliability coefficient of .84.

**Sexual Interaction Diary**

An adapted version of the Rochester Interaction Record (RIR; Wheeler & Nezlek, 1977) was used to record all of the participants’ intimate interactions. The researcher has used this format successfully in the past (Smith, 2007, Smith, Nezlek, Webster, & Paddock, 2007).
Participants were instructed to complete this questionnaire every time they engaged in an intimate interaction, defined as “any interaction that lasts 10 minutes or longer in which a person is physically intimate with another person.” The term “intimate interaction” was used instead of sexual interaction as a way to include interactions that may include sexual activity but not necessarily vaginal intercourse.

For each interaction, participants provided several pieces of situational information, such as type of partner (e.g., significant other), contraception used, and duration of the interaction. In addition, participants rated how they felt during and after the interaction on 23 dimensions, using a 9-point scale, with 1 meaning “not at all” and 9 meaning “very much.” The dimensions were similar to those included in the first time questionnaire and as was the case there, these dimensions were factor analyzed to make the number of variables more manageable. Four factors emerged from these analyses. Positivity during the interaction was comprised of 6 dimensions, and included feeling intimate, desired, respected, loved, capable, and aroused ($\alpha = .87$). Negativity during the interaction was comprised of 4 factors: pressured, incompetent, anxious, and detached ($\alpha = .50$). Positivity after the interaction was comprised of feeling relaxed, good, and exhilarated ($\alpha = .81$) and negativity after the interaction as comprised of regret, guilty, disappointed, and ashamed ($\alpha = .84$). (As was also the case with the first time questionnaire, physical and emotional satisfaction were not added to the factor analysis as we felt they inherently represent summary measures.)

Individual Difference Measures

Demographic Questionnaire. This questionnaire was designed by the researcher to gather information about the participant. More specifically, participants were asked to provide
information about standard demographic variables, such as age, race, and current relationship status.

**Dyadic Sexual Regulation Scale (DSR; Catania, McDermott, & Wood, 1984).** This scale is designed to measure the extent to which people believe that sexual outcomes are under their control (internal locus of control) or under the control of some other factor, such as the situation or fate (external locus of control). This measure will be referred to as Locus of Control (LOC) in the remainder of the paper. Participants responded to 11 items using a 7-point Likert-type scale, with 1 = strongly disagree to 7 = strongly agree ($\alpha = .57$). Sample items include “I often take the initiative in beginning sexual activity” (internal) and “If my sexual relations are not satisfying, there is little I can do to improve the situation” (external). Some wording changes were made in order to make the questions non-relationship specific.

**Global Measure of Sexual Satisfaction (GMSEX; Lawrance & Byers, 1998).** This scale was used to measure participant’s general satisfaction with their sexual relationships. Rather than focusing on specific aspects, this scale asks participants to report on their general feelings concerning their sexual relationships. Participants are asked to consider the following question: “Overall, how would you describe your sexual relationships?” (The word sexual is bolded in the original scale and the original scale included “with your partner,” which has been omitted for this study.) Participants rate their sexual relationship on 5 bipolar scales (e.g., ‘good-bad’, ‘pleasant-unpleasant’), using a 7-point scale ($\alpha = .94$).

**Sexuality Scale (Snell & Papini, 1989).** This 15-item scale was used to measure three aspects of participant’s sexual well-being: sexual esteem ($\alpha = .93$), sexual depression ($\alpha = .86$), and sexual preoccupation ($\alpha = .90$). Sample items included “I would rate my sexual skill quite highly” (esteem), “I am disappointed about the quality of my sex life” (depression), and “I am
constantly thinking about having sex” (preoccupation). Participants responded to each item using a 5-point Likert-type scale (1 = disagree strongly; 5 agree strongly).

Results

First Time Experience Demographics

The difference in time that elapsed between losing one’s virginity and the current study ranged from a few months to 7 years, with an average time lapse of 2.21 years. Examination of the first time experience revealed that 236 participants reported that their first sexual experience occurred in the context of a romantic relationship. The age at virginity loss ranged from 12 to 22 (M = 16.72, SD = 1.30) and the age of the partner ranged from 13-25 (M = 17.30, SD = 1.70). Contraceptive use was reported by 300 of the participants. Men were significantly more likely than women to report having an orgasm during their first time ($\chi^2 (1) = 149.6, p < .001$). Women were significantly more likely than men to report that their partners had orgasms ($\chi^2 (1) = 31.61, p < .001$). There were significant sex differences in 5 of the 6 ratings of the interaction; men and women did not report experiencing differences in the connection felt with their partner. In addition, all 6 dimensions of the first time experience were correlated with each other. These results are summarized in Table 1.

Relationships between First Time Experiences and Current Sexual Functioning

Correlations were calculated to examine the relationships between participants’ reactions to their first sexual experience and their current sexual functioning, as indicated by both quantity of sexual interactions and quality of sexual functioning. Results of these analyses can be found in Table 2. Reactions to the first time do not appear to affect the current quantity of sexual interactions. However, people who have more positive experiences with sex the first time have more positive sex lives now, as indicated by positive correlations with overall general sexual
satisfaction, locus of control, and sexual esteem, as well as negative correlations with sexual depression. Further, having a more negative experience during the first time is related with lower scores on these measures.

To further examine the relationship between the first time experiences and current sexual functioning, regression analyses were conducted whereby each measure of current sexual function (e.g., GMSEX, Locus of Control) was regressed onto the 6 reactions to the first sexual experience along with participant sex (entered as a contrast coded variable). For sexual satisfaction ($\beta = .19, p = .02$), sexual depression ($\beta = -.16, p = .05$), and locus of control ($\beta = .16, p = .05$), connection between self and partner was a unique predictor. Sexual preoccupation was significantly and uniquely predicted by negativity ($\beta = -.17, p = .02$). Although the entire model for sexual esteem was significant ($F(7, 297) = 2.44, p = .02$), no individual predictors were uniquely significant.

**Multilevel Analyses**

The data set in the current study is commonly referred to as a multilevel data structure in that events at one level of analysis (in this case, sexual interaction) were nested in another level of analysis (people). Accordingly, the data were analyzed with a series of multilevel random coefficient models (MRCM) using the program HLM Version 6.06. This particular type of analytic strategy for analyzing social interaction data sets is discussed in Nezlek (2001). Analyses were conducted at two levels; measures of sexual interactions (Level 1) nested within people (Level 2).

From the original sample, 166 participants were removed from further analyses due to an insufficient number of interactions for analyses (MRCM analyses require 2 or more observations at Level 1). Compared to the 151 participants who had two or more sexual interactions during
the course of the study, dropped participants were older when they lost their virginity (t (317) = 2.24, \( p = .03 \)) but did not differ in any other aspects of their first time experience (e.g., physical satisfaction, emotional connection). Examination of current sexual behavior revealed that participants with two or more interactions were more likely to currently be in a relationship (\( \chi^2 (1) = 31.10, p < .001 \)). As can be seen in Table 3, these participants also reported greater general sexual functioning.

Over the course of two weeks, the 151 remaining participants described 544 sexual interactions. The average interaction duration was 104.75 minutes (ranging from 2 minutes to over 5 hours). A majority of the interactions were with people described as involving a dating or casual dating partner (77%) and involving strong romantic feelings for the partner (73%).

To test the hypothesis that the first time sexual interaction is predictive of physical and emotional satisfaction in current sexual interactions, analyses were performed in which the interaction level (Level 1) was unconditional (no variables added). Individual differences in first time sexual experience were added at the person level (Level 2). In addition, GMSEX was added at Level 2 to control for individual differences in current general sexual satisfaction. All Level 2 variables were entered grand mean centered. A \( t \)-value greater than 1.96 indicates that the coefficient is significantly different than 0 at the .05 level.

**Physical Satisfaction.** A model predicting interaction physical satisfaction was run, with first time physical satisfaction and GMSEX entered as predictors. As predicted, first time physical satisfaction was significantly related to current physical satisfaction (\( \gamma_{02} = .27, t = 2.05 \)). GMSEX was also significantly related to current physical satisfaction (\( \gamma_{01} = .57, t = 4.63 \)). In other words, even when controlling for overall sexual satisfaction, participants who experienced
greater physical satisfaction when they lost their virginity have current sexual interactions characterized by greater physical satisfaction.

**Emotional Satisfaction.** A similar model to the one described above was used to examine interaction emotional satisfaction. As predicted, first time emotional satisfaction was significantly related to current emotional satisfaction ($\gamma = .28, t = 1.95$), even when controlling for current GMSEX ($\gamma = .58, t = 4.24$). As with physical satisfaction, having an emotionally satisfying first sexual experience is associated with having future sexual interactions that are emotionally satisfying.

**Emotional Reactions.** Analyses were conducted to determine the relationship between the four first time emotional factors and emotional reactions to current sexual activity. Models were run for each current emotional reaction (positivity during, negativity during, positivity after, negativity after) with all four first time emotional reactions (anxiety, afterglow, connection, negativity) entered as predictors simultaneously, along with GMSEX. Negativity during the interaction was significantly predicted by first time negativity ($\gamma = .34, t = 2.75$), first time connection ($\gamma = .22, t = 1.96$), and GMSEX ($\gamma = -.20, t = 2.68$). Negativity after the interaction was significantly predicted by first time negativity ($\gamma = .32, t = 2.89$) and GMSEX ($\gamma = -.22, t = 3.37$). Positivity after the interaction was significantly related to first time afterglow ($\gamma = .33, t = 2.24$) and GMSEX ($\gamma = .37, t = 3.34$). There were no significant predictors of positivity during the interaction.

**Discussion**

The aim of the current study was to examine the relationship between experiences had during the first sexual experience and sexual experiences with current sexual partners. Although
prior research has examined factors that lead to positive and negative first sexual experiences, this study focused on the role this milestone event may play in future sexuality.

Consistent with the first hypothesis, participants who reported having more positive first time experiences, such as feeling a sense of afterglow (e.g., relaxation, contentment) and a sense of connection to one’s partner (e.g., love, intimacy) also report having greater overall sexual functioning. Similarly, those who reported higher levels of anxiety with the first time (e.g., scared, nervous) and negativity (e.g. pressure, detachment, regret) reported lower overall sexual functioning. Research on adoption of sexual schemas has shown that even experimentally adopted beliefs in positive sexual schemas are associated with more positive affect in a sexually arousing situation, whereas belief in negative sexual schemas are associated with more negative affect, tension-anxiety, and anger-hostility (Middleton & Kuffel, 2008). Furthermore, research on media exposure suggests that increased exposure to sex on television is related to perceiving first-time sexual experience more negatively (Martino, Collins, Elliot, Kanouse, & Berry, 2009).

While experimentally adopted beliefs and negative media representations may create schemas that drive short-term affective responses, there is no research to suggest that these schemas relate to long-term outcomes, specifically to experience of future sexual encounters. However, we propose that first-time sexual experience is so salient that it is related to long-term sexual satisfaction and functioning, specifically through long-lasting sexual schemas. Unfortunately, the current study was designed to determine if the relationship between first-time sexual intercourse and future sexuality exists, not discern what mechanism is at work.

Carpenter (2001, 2005) suggests that the generally accepted positive metaphors for losing virginity prior to the first time are thinking of virginity loss as a “special gift” to be shared with a strong positive connection to one’s first-time partner or a “rite of passage” into manhood or
womanhood. The third possible metaphor is thinking of virginity loss as a “burden,” which is generally considered to be a negative metaphor. From the correlations, it is clear that reporting high connection and/or afterglow, measures that reflect generally positive metaphors and socially accepted scripts, are associated with higher levels of current sexual functioning. On the other hand, reporting high anxiety and/or guilt, measures that reflect generally negative metaphors and not socially accepted scripts, are associated with lower levels of current sexual functioning. This is convergent with research by Else-Quest, Hyde, & DeLamater (2005) that showed that first time sexual experience occurring outside of the context of generally accepted scripts has been linked to greater sexual dysfunction, greater sex guilt, poorer health, more STI’s, and lower life satisfaction.

The affect of participants’ first times is predictive of their physical and emotional satisfaction with their current sexual interactions. Those participants that reported physically and emotionally satisfying first times were more likely to report physically and emotionally satisfying sexual intercourse currently. This suggests that any schemas and scripts developed during the first time may continue to influence sexual intercourse later in life. Higher positivity during the current interaction was predicted by first time more afterglow in addition to more general sexual satisfaction. There seems to be a benefit to the sense of accomplishment and pride felt after virginity loss.

In examining the negative aspects of sexual interaction, higher current negativity felt after sexual intercourse was not surprisingly predicted by more negativity from the first time as well as lower general sexual satisfaction, consistent with earlier findings by Moore and Davidson (1997). First time negativity was also predictive of higher current negativity felt during sexual intercourse, which, combined with the predictors of negativity afterwards, suggests that feelings
of pressure and regret during the first time seem to influence similar affect in current sexual functioning. More negativity during current sexual interactions was also predicted by lower general sexual satisfaction, but was also surprisingly predicted by higher connection during the first time. Although this seems to be anomalous considering the positive valence of the “connection” factor, we attribute this relationship to the “special gift” metaphor from Carpenter (2005) discussed earlier. While feeling connected to one’s partner is important for general sexual satisfaction, it seems that, as Carpenter suggests, placing too much importance on virginity loss may lead to feelings of regret later. This is especially true if the relationship between oneself and one’s first-time partner dissolves, as expressed earlier in Meier (2007).

It is of note that even though the average discrepancy between virginity loss and age during the study was approximately two years, the first time clearly has strong implications on future sexuality. However, we recognize that a limitation of this study is its retrospective nature. The time lapse between virginity loss and report of affect may account for variations in reactions to the first time. A current sexual schema or script may influence the recall of first-time sexual experience.

Another limitation of this study is the demographics of the participants. A more ethnically diverse sample may yield different results, and there may be ethnical differences in the relationship of first time sexual experience and current sexual functioning. Also, the subject pool that engaged in enough sexual interactions to be part of the multi-level model were more likely to be in a relationship, so allowing more time for the current sexual interactions to allow us to use more data from those that were not currently in relationships may have changed the results.

It is also possible that other individual differences among the subjects in the multi-level model account for some of the results. Future research should include more individual difference
measures. Future research should also focus on identifying the causes of content or disappointment with one’s first time sexual experience. Carpenter (2005) suggests that these may be the metaphors associated with virginity loss, but there is little empirical evidence to support these claims.
References


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Table 1

*Sex Differences and Correlations between Reactions to First Sexual Experience*

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<tr>
<th>First Time Dimensions</th>
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*Note.* *p* ≤ .05, **p** ≤ .01, ***p*** ≤ .001
Table 2

**Correlations between First Time Experiences and Current Sexual Functioning**

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<tr>
<th>First Time Dimensions</th>
<th>GMSEX</th>
<th>LOC</th>
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<td>-.13*</td>
<td>.05</td>
<td>-.02</td>
<td>.05</td>
</tr>
<tr>
<td>Afterglow</td>
<td>.28***</td>
<td>.17**</td>
<td>.19***</td>
<td>-.11</td>
<td>.09</td>
<td>.02</td>
</tr>
<tr>
<td>Negativity</td>
<td>-.25***</td>
<td>-.14*</td>
<td>-.11*</td>
<td>.14*</td>
<td>.10</td>
<td>.02</td>
</tr>
<tr>
<td>Connection</td>
<td>.30***</td>
<td>.21***</td>
<td>.15**</td>
<td>-.18**</td>
<td>-.07</td>
<td>.08</td>
</tr>
</tbody>
</table>

*Note. * p ≤ .05, ** p ≤ .01, *** p ≤ .001*
Table 3

*Differences between the MRCM Sample and the Dropped Participants*

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Included in MRCM Analyses</th>
<th>Not Included in MRCM Analyses</th>
<th>t</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMSEX</td>
<td>5.87 1.15</td>
<td>5.53 1.28</td>
<td>-2.43*</td>
<td>.28</td>
</tr>
<tr>
<td>Locus of Control</td>
<td>4.81 .68</td>
<td>4.57 .68</td>
<td>-3.08*</td>
<td>.35</td>
</tr>
<tr>
<td>Sexual Esteem</td>
<td>4.81 .76</td>
<td>3.82 .90</td>
<td>-2.17*</td>
<td>1.19</td>
</tr>
<tr>
<td>Sexual Depression</td>
<td>1.86 .81</td>
<td>2.31 .90</td>
<td>4.54***</td>
<td>.53</td>
</tr>
<tr>
<td>Sexual Preoccupation</td>
<td>2.36 .96</td>
<td>2.46 1.03</td>
<td>ns</td>
<td>.10</td>
</tr>
</tbody>
</table>

*Note. *p* ≤ .05, **p* ≤ .01, ***p* ≤ .001*